PTO/SB/01 (09-04)

WOG 8503.0005

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| Attorney Docket | |

Number

First Named Inventor

DECLARATION FOR UTILITY OR

PATENT APPLICATION (37 CFR 1.63) Declaration Submitted OR With Initial Filling (surcharge (37 CFR 1.16 (e)) required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Improvements to Orthodontic Supports Applicable to Teeth (Title of the Invention) the specification of which is attached hereto OR								
Declaration Submitted With Initial Filing (Surcharge (37 CFR 1.16 (e)) required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Improvements to Orthodontic Supports Applicable to Teeth (Title of the Invention) (Title of the Invention)								
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(Title of the Invention) the specification of which is attached hereto								
the specification of which is attached hereto								
the specification of which is attached hereto								
the specification of which is attached hereto								
OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as								
amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including to continuation-in-part applications, material information which became available between the filing date of the prior application.								
and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one								
country other than the United States of America, listed below and have also identified below, by checking the box, any foreign								
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Foreign Filing Date Priority Certified Copy Attached Number(s) Country (MM/DD/YYYY) Not Claimed YES NO								
PCT/ES2003/000594 PCT 11/25/2003								
200202713 Spain 11/26/2002								

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. PTO/SB/01 (09-04)
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DECLARATION — Utility or Design Patent Application

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I hereby declare that all sta and belief are believed to statements and the like so false statements may jeopar	be true; and fur made are punishat	ther that ble by fine	these state or imprise	tements vonment, o	rere mad r both, un	e with der 18 ⁽	the kno	wledge that willful false		
NAME OF SOLE OR FIRST	INVENTOR:		ПА	etition has	s been file	d for thi	s unsigr	ned inventor		
Given Name (first and middle [if any])				Family Name or Surr						
Luis				CARRIERE LLUCH			СН	ga Mari Maria a sa		
Inventor's Signature	Mauier!	M			•			Date 04/20/2005		
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NAME OF SECOND INVEN	ITOR:				A petition	has bee	en filed f	or this unsigned inventor		
Given Name (first and midd	e [if any])				Family N	Name or	Surnan	ne		
Inventor's Signature								Date		
Residence: City	State			Country			Citizer	nship		
Mailing Address	I				-		<u> </u>			
City	State			Zip)	, '	Count	гу		
Additional inventors or a leg	al representative are be	ing named o	on the	supplementa	I sheet(s) P1	O/SB/02	or 02LR	attached hereto.		

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Application Number	
Filing Date	May 19, 2005
First Named Inventor	Luis CARRIERE LLUCH
Title	Improvements to Orthdontic Supports
Art Unit	
Examiner Name	
Attorney Docket Number	WOG 8503.0005

I hereby revoke all previous powers of attorney given in the above-identified application.									
I hereby appoint:									
Practitioners associated with the Customer Number: OR 00152									
Practitioner(s) named below:									
	Name				Registration Number				
William O. Ge	ny	**		27,444					
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Address 1600 ODS Tower 601 SW Second Avenue									
City		Portland		State	Oregon		Zip 97204-3157		
Country		United States							
Telephone		(503) 227-5631	Fax	(503) 228-4373					
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Signature	1	Justanie Mark				Date	04/20/2005		
Name	Luisea	arriere Lluch			Telephone	1 7 7			
Title and Company	Company Applicant					_			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
*Total of one (1) forms are submitted.									

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